CHAPTER 3
ADDENDUM D

BUSINESS RULES

BUSINESS RULES LEGEND

Sheet	Business Event
A	Eligibility for Enrollment Inquiry
B	Enrollment Into Health Benefit Program
B (cont.)	Enrollment Into Health Benefit Program (CHCBP)
C	Disenrollment
D	Modification of Enrollment (PCM Change)
E	Modification of Enrollment (PCM Cancellation and Transfer Cancellation)
F	Modification of Enrollment (Transfer)
G	Modification of Enrollment (Enrollment Period Change)
H	Modification of Enrollment (Enrollment End Reason Code Change)
I	Modification of Enrollment (Enrollment/Disenrollment Cancellation)
J	Batch Enrollment Fee Payment
K	Enrollment Fee Waiver Update for an Individual
L	Beneficiary Update
M	Policy Notification
N	PCM Input File
O	Patient ID Change
P	Partial Match Inquiry
Q	Coverage Inquiry
R	CC&D Totals Inquiry
S	CC&D Amounts Update
T	CC&D Transaction History Request
U	OHI Policy Inquiry
V	OHI Policy Add
W	OHI Policy Update
X	OHI Policy Cancellation
Y	SIT Inquiry
Z	SIT Add
AA	SIT Update
AB	SIT Cancellation
AC	CMS File

☐ Indicates DOES business events

Within each sheet (DOES Business events):

☐ Indicates fields that the user will NOT enter in DOES
Note: If an MCSC/USFHP provider has the need to modify an enrollment outside of the allowable modification period (as stated in the business rules for each event), the MCSC/USFHP provider must contact the DEERS Support Office (DSO) to make the change.

Each worksheet represents a DEERS Medical business event. The business rules begin with a listing of general rules that apply to all programs and plans. Following the generalized rules, the programs or coverage plans for which the business event applies are listed. Each data attribute included in the business event is then listed by program or coverage plan with the specific rules including data usage, system edits, entity responsible for enforcing the business rule, and error message returned if the business rule is not met (if applicable).

DMDC reserves the right to modify these business rules at any time based on new requirements or further developments of existing requirements.

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			This inquiry is used for eligibility for enrollment only.	
			Eligibility inquiries are made for a family.	
			Eligibility for Enrollment inquiries will show the current health care program information for the inquiry date.	
			If an enrollment exists in the last 12 months, enrollment information will be returned in the Eligibility for Enrollment Inquiry response.	
			PCM information (if applicable) will only be displayed for the past 12 months.	
			If the beneficiary is eligible to enroll in other coverage plans for the HCDP requested, DEERS will return all appropriate coverage plans and dates of eligibility.	
			Parent and Parent-in-Laws are no longer eligible to enroll in TRICARE. If they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the USFHP provider network.	
			Foreign military are not eligible to enroll in any TRICARE program.	
	Eligibility for Enrollment Inquiry			
1.	Person/Family Transaction Type Code	R	Family	D
2.	Inquiry Person Type Code	R	Identifies whose ID is being submitted, sponsor or family member. DOES defaults to sponsor; if ID is not found as sponsor, DEERS will look for the ID as a family member.	D
3.	Inquiry Person Identifier	R		D
4.	Inquiry Person Identifier Type Code	R	Acceptable values are SSN, TIN, FIN. DOES defaults to SSN, but user may change.	D
5.	Person Last Name	O	Optional, but recommended to insure correct person identification.	M, D
6.	Person Birth Calendar Date (Patient)	O	Optional, but recommended to insure correct person identification.	M, D
			Date must be prior or equal to the current date.	D
7.	HCDP Type Code	R	Specifies if the inquiry is for Medical or Dental programs. DOES defaults to the HCDP Type Code for which the user has enrollment permissions.	D
8.	HCDP Code	R	Specifies the health care delivery program (e.g. Prime, CHCBP) for which eligibility is being requested. DOES defaults to all HCDP Codes for which the user has enrollment permissions.	M, D
9.	HCDP Eligibility Inquiry Point-in-Time Calendar Date	R	May be current date, up to 90 days in the future, or 60 days prior to current date (for retroactive enrollments). DOES defaults to the system date and will display eligibility from the past 60 days to 90 days in the future.	D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=USFHP Provider; RS=Resource Sharing
** Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: B.   ENROLLMENT INTO HEALTH BENEFIT PROGRAM

GENERAL BUSINESS RULES	ENFORCED BY**
Length of enrollment is indefinite based on eligibility.	D
A person cannot be enrolled in multiple coverage plans during the same time period.	D
A family cannot have multiple coverage policies of the same plan type during the same time period.	D
Enrollment fee payments may be waived. DEERS will allow this information to be communicated through the HCDP Individual Enrollment Fee Waiver Reason Code.	M
MCSC/DPs should use the Enrollment Fee Payment Exception Reason Code to indicate the reason an enrollment fee payment is less than expected.	M
A beneficiary can only enroll in a plan for which he/she is eligible, based upon the DEERS response to an Eligibility for Enrollment Inquiry.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's ZIP Code is outside jurisdiction, DOES will provide a warning message.	D
DEERS will validate that the PCM Region Code falls within the enrolling organization's Contract ID.	D
The policy enrollment period begin date is set based on the first person enrolled in the coverage plan and is equal to that person's enrollment begin date.	D
Parent and Parent-in-laws are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the DP Network.	D
Foreign Military are not eligible to enroll in any TRICARE program.	D

BUSINESS RULES: B.   ENROLLMENT INTO HEALTH BENEFIT PROGRAM

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

Event And Data Flow	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Sponsors	(d) TRICARE Prime Individual Coverage for Active Duty Family Members	(e) TRICARE Prime Individual Coverage for Active Duty	(f) TRICARE Prime Family Coverage for Active Duty	(g) TRICARE Prime Family Coverage for Active Duty Deceased Sponsors	(h) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(l) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(m) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) TRICARE Prime Individual Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(p) TRICARE Prime Family Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE DP Direct Care Coverage for Active Duty Family Members	(t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE DP Direct Care Family Coverage for Active Duty Family Members	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus w CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased sponsors	(aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(ak) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors	(al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
1. DEERS ID (Subscriber)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Required if fee payment or fee exception is being sent with the enrollment. Handled by DOES.	D

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing
**Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

Column legend (Plan and Data Type):

TRICARE Prime Plans
- (a) TRICARE Remote for Active Duty Service Members
- (b) TRICARE Remote Individual Coverage for Active Duty Family Members
- (c) TRICARE Remote Family Coverage for Active Duty Sponsors
- (d) TRICARE Prime Individual Coverage for Active Duty Family Members
- (e) TRICARE Prime Individual Coverage for Active Duty
- (f) TRICARE Prime Family Coverage for Active Duty
- (g) TRICARE Prime Individual Coverage for Active Duty Deceased Sponsors
- (h) TRICARE Prime Family Coverage for Active Duty Deceased Sponsors
- (i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
- (k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (l) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
- (m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
- (n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (o) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE DP Plans
- (s) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors
- (u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors
- (v) TRICARE DP Direct Care Family Coverage for Active Duty Family Members
- (w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
- (x) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
- (y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (z1) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE Plus Plans
- (aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
- (ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Sponsors
- (ac) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors
- (ad) TRICARE Plus Coverage for Active Duty Deceased Sponsors
- (ae) TRICARE Plus Coverage for Survivors of Transitional Sponsors
- (af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors, Family Members and Medal of Honor
- (ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members
- (ai) TRICARE Plus Coverage for Survivors of Transitional Sponsors
- (aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (ak) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

Event And Data Flow	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z1	aa	ab	ac	ad	ae	af	ag	ah	ai	aj	ak	al	Business Rules By Coverage Plan	Enforced By**
2. HCDP Enrollment Fee Payment Calendar Date	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Required if fee payment or fee exception is being sent with the enrollment.	M, D
3. HCDP Enrollment Fee Payment Paid-Through Calendar Date	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required if fee payment or fee exception is being sent with the enrollment. B. Date should be within the policy enrollment period; if it is not, DEERS will apply the fee payment to the current policy, but will not pro-rate the amount to be applied to a later policy.	M, D
4. HCDP Enrollment Fee Payment Plan Type Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Required if fee payment or fee exception is being sent with the enrollment.	M, D
5. HCDP Enrollment Year Fee Payment Amount	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required if fee payment is being sent with the enrollment. B. This should be a positive dollar amount with the decimal.	M, D
6. HCDP Enrollment Fee Payment Exception Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required if indication of partial or non-payment of enrollment fee is being sent with the enrollment. B. This field must be re-set each time a fee payment is made if it is still applicable.	M
7. HCDP Enrollment Fee Action Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required if the fee payment is being sent with the enrollment. B. Defaulted to 'A' (payment).	M, D
8. Payment Type Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O	O	O	O	N/A	N/A	N/A	N/A	O	O	N/A	N/A	O	O	O	O	O	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		M

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

**Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

Column key (Plan and Data Type):

TRICARE PRIME PLANS
- (a) TRICARE Remote for Active Duty Service Members
- (b) TRICARE Remote Individual Coverage for Active Duty Family Members
- (c) TRICARE Remote Family Coverage for Active Duty Sponsors
- (d) TRICARE Prime Individual Coverage for Active Duty Family Members
- (e) TRICARE Prime Individual Coverage for Active Duty
- (f) TRICARE Prime Family Coverage for Active Duty
- (g) TRICARE Prime Family Coverage for Active Duty Deceased Sponsors
- (h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (j) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (l) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (m) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (n) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (o) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (p) TRICARE Prime Family Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (q) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (r) TRICARE Prime Family Coverage for Survivors of

TRICARE DP PLANS
- (s) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (t) TRICARE DP Direct Care Individual Coverage for Transitional Survivors of Active Duty Sponsors
- (u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors
- (v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors
- (w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
- (x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members
- (y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (z) TRICARE DP Direct Care Family Coverage for Survivors of

TRICARE PLUS PLANS
- (aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
- (ab) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors
- (ac) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors
- (ad) TRICARE Plus Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
- (af) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor
- (ai) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (ak) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

#	Event and Data Flow	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	aa	ab	ac	ad	ae	af	ag	ah	ai	aj	ak	al	Business Rules by Coverage Plan	Enforced By**
9.	Payment Identifier	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O	O	O	N/A	N/A	N/A	N/A	N/A	O	O	N/A	N/A	O	O	O	O	O	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		M
10.	Credit Card Type Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O	O	O	N/A	N/A	N/A	N/A	N/A	O	O	N/A	N/A	O	O	O	O	O	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		M
	Role of Sponsor	B,I	B,I	B,I	B,I	B	B	B	B	B	B	B	B,I	B,I	B,I	B,I	B	B	B	B	B	B	B,I	B,I	B	B	B	B,I	B,I	B,I	B,I	B,I	B,I	B,I	B,I	B,I	B,I	B,I	B,I	*Information only provided for clarity of who may be covered under each plan.*	
11.	DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Handled by DOES.	D
12.	HCDP Enrollment Update Code															Add																								Handled by DOES.	D
13.	HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES	D
14.	HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Validated with DEERS "eligible for" coverage.	D
15.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. DOES will default, but user may change. B. Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retroactive enrollment). DEERS will set the PCM Selection Begin Calendar Date equal to this date.	M, D
16.	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do no overlap.	D
17.	HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	M

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**Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: B.   ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

#	Event And Data Flow	TRICARE Prime Plans (a)–(r)	TRICARE DP Plans (s)–(z)	TRICARE Plus Plans (aa)–(al)	Business Rules By Coverage Plan	Enforced By**
18.	Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	O (all)	O (all)	O (all)		M
19.	TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	O (all)	O (all)	O (all)		M
20.	Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region Zip Code	R (all)	R (all)	R (all)	Required to perform jurisdiction; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the mailing address ZIP Code, but user may change it.	M, D
21.	Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region Zip Code	(a) R, (b) R, (c) R, (d)–(r) N/A	N/A (all)	N/A (all)	A. Required for TRICARE Remote only; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the mailing address ZIP Code, but user may change it.	M, D

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**Enforced By: M=MCSC/DP; D=DEERS

Column headers (Plan and Data Type):

TRICARE Prime Plans:
- (a) TRICARE Remote for Active Duty Service Members
- (b) TRICARE Remote Individual Coverage for Active Duty Family Members
- (c) TRICARE Remote Family Coverage for Active Duty Family Members
- (d) TRICARE Prime Individual Coverage for Active Duty Sponsors
- (e) TRICARE Prime Individual Coverage for Active Duty Family Members
- (f) TRICARE Prime Family Coverage for Active Duty Family Members
- (g) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (h) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (i) TRICARE Prime Individual Coverage for Active Duty Deceased Sponsors
- (j) TRICARE Prime Family Coverage for Survivors of Active Duty and Family Members
- (k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (l) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
- (n) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (o) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (p) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE DP Plans:
- (s) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (t) TRICARE DP Direct Care Family Coverage for Transitional Survivors of Active Duty Sponsors
- (u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors
- (v) TRICARE DP Direct Care Family Coverage for Active Duty Family Members
- (w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
- (x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members
- (y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE Plus Plans:
- (aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
- (ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (ac) TRICARE Plus Coverage for Active Duty Deceased Sponsors
- (ad) TRICARE Plus Coverage for Transitional Survivors
- (ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
- (af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors
- (ag) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

#	Event And Data Flow	TRICARE Prime Plans (a)–(r)	TRICARE DP Plans (s)–(z)	TRICARE Plus Plans (aa)–(al)	Business Rules By Coverage Plan	Enforced By**
					B. If the sponsor and family member's residential ZIP codes are not equal, DOES will prompt the user to disenroll the family member.	M, D
22.	Sponsor Enrollment Contractor Enrollment Residence Mailing Address US Postal Region Zip Code	R, R, R, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A	N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A	N/A (all)	Required for TRICARE Remote only; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment.	M, D
					If the sponsor's residential ZIP Code is modified to be different than the family members' that are enrolled in TPR ADFM in another contract, DEERS will automatically disenroll the family members and send appropriate notifications.	M, D
23.	Health Care Delivery Program Enrollment Card Request Status Code	R, R, R, R, R, R, R, R, R, R, R, R, R, R, R, R, R, R	N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A	N/A (all)	Indicates whether or not an ID card should be generated. Default is to generate card upon enrollment.	M, D
24.	Health Care Delivery Program Enrollment Card Request Calendar Date	S, S, S, S, S, S, S, S, S, S, S, S, S, S, S, S, S, S	N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A	N/A (all)	Current date; changed only when Enrollment Card is Requested.	M, D

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing
**Enforced By: M=MCSC/DP; D=DEERS

Column headers (Plan and Data Type):

TRICARE PRIME PLANS
(a) TRICARE Remote for Active Duty Service Members
(b) TRICARE Remote Individual Coverage for Active Duty Family Members
(c) TRICARE Remote Family Coverage for Active Duty Sponsors
(d) TRICARE Prime Individual Coverage for Active Duty Family Members
(e) TRICARE Prime Individual Coverage for Active Duty Family Members
(f) TRICARE Prime Family Coverage for Active Duty Sponsors
(g) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
(h) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
(i) TRICARE Prime Individual Coverage for Transitional Survivors and Family Members
(j) TRICARE Prime Family Coverage for Survivors of Retired Sponsors and Family Members
(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
(l) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
(n) TRICARE Prime Individual Coverage for Transitional Survivors and Family Members
(o) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
(p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
(q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
(r) TRICARE Prime Family Coverage for Survivors of

TRICARE DP PLANS
(s) TRICARE DP Direct Care Coverage for Active Duty Family Members
(t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors
(u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors
(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors
(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members
(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
(z) TRICARE DP Direct Care Family Coverage for Survivors of

TRICARE PLUS PLANS
(aa) TRICARE DP Direct Care Family Coverage for Active Duty Family Members
(ab) TRICARE Plus with CHC Coverage for Active Duty Deceased Sponsors
(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors
(ad) TRICARE Plus with CHC Coverage for Transitional Survivors Active Duty Deceased Sponsors
(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors,
(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor
(ai) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
(aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
(ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
(al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

Column legend (Plan and Data Type):

TRICARE PRIME PLANS
- (a) TRICARE Remote for Active Duty Service Members
- (b) TRICARE Remote Individual Coverage for Active Duty Family Members
- (c) TRICARE Remote Family Coverage for Active Duty Family Members
- (d) TRICARE Prime Individual Coverage for Active Duty Sponsors
- (e) TRICARE Prime Family Coverage for Active Duty Family Members
- (f) TRICARE Prime Individual Coverage for Active Duty Family Members
- (g) TRICARE Prime Family Coverage for Active Duty Deceased Sponsors
- (h) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (i) TRICARE Prime Family Coverage for Active Duty Deceased Sponsors
- (j) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (k) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
- (l) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
- (m) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (n) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (o) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE DP PLANS
- (s) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors
- (u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors
- (v) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members
- (w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
- (x) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (y) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE PLUS PLANS
- (aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
- (ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Sponsors
- (ac) TRICARE Plus Coverage for Transitional Survivors
- (ad) TRICARE Plus Coverage for Active Duty Deceased Sponsors
- (ae) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors
- (af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors, Family Members
- (ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ai) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (ak) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

#	Event And Data Flow	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	(z)	(aa)	(ab)	(ac)	(ad)	(ae)	(af)	(ag)	(ah)	(ai)	(aj)	(ak)	(al)	Business Rules By Coverage Plan	Enforced By**
25	PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code must fall under the Contract ID submitting the enrollment. If there is only one, DOES will default.	M, D
26.	PCM Network Provider Type Code	None CV DP	None CV	None CV	DC RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DP	DP	DP	DP	DP	DP	DP	DP	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	Value must be appropriate for the coverage plan. DOES will default, but the user may change if there is one than one option.	M, D
27	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. For DC, DP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage Plan.	M, D
28.	PCM Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D
29.	PCM Identifier Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D
30.	PCM License Identifier	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	PCM search criteria	M
31.	PCM Name	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D
32.	PCM Group Identifier	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	M, D
33.	PCM Group Name	O	O	O	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	O	O	O	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	M, D
34.	PCM Place of Care Identifier	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	M, D
35.	PCM Place of Care Name	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	M, D

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing
**Enforced By: M=MCSC/DP; D=DEERS

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

#	Event And Data Flow	TRICARE Prime Plans (a)–(r)	TRICARE DP Plans (s)–(z)	TRICARE Plus Plans (aa)–(al)	Business Rules By Coverage Plan	Enforced By**
36.	PCM Telephone Number Code	O O O S S S S S S S S S S S S S S S	O O O O O O O O	R R R R R R R R R R R R	PCM search criteria; only applicable to DC PCMs	M
37.	PCM Mailing Address City Name	S S S S S S S S S S S S S S S S S S	S S S S S S S S	S S S S S S S S S S S S	PCM search criteria	M, D
38.	PCM Mailing Address US Postal Region State Code	S S S S S S S S S S S S S S S S S S	S S S S S S S S	S S S S S S S S S S S S	PCM search criteria	M, D
39.	PCM Mailing Address US Postal Region Zip Code	S S S S S S S S S S S S S S S S S S	S S S S S S S S	S S S S S S S S S S S S	PCM search criteria	M, D
40.	PCM Mailing Address Country Code	O O O O O O O O O O O O O O O O O O	O O O O O O O O	O O O O O O O O O O O O	PCM search criteria	M, D
41.	PCM Specialty Code	S S S S S S S S S S S S S S S S S S	S S S S S S S S	S S S S S S S S S S S S	PCM search criteria	M, D
42.	PCM Sex Code	S S S S S S S S S S S S S S S S S S	S S S S S S S S	S S S S S S S S S S S S	PCM search criteria	M, D
43.	PCM Location Begin Calendar Date	S S S S S S S S S S S S S S S S S S	S S S S S S S S	S S S S S S S S S S S S	Upon PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must select another PCM.	M, D
44.	PCM Location End Calendar Date	S S S S S S S S S S S S S S S S S S	S S S S S S S S	S S S S S S S S S S S S	A. This date must be on or after the EMC Enrollment Begin Calendar Date. B. DOES will only validate this upon PCM selection, NOT when charges are made to the PCM begin or end date.	M, D

Plan column headers (Prime): (a) TRICARE Remote for Active Duty Service Members; (b) TRICARE Remote Individual Coverage for Active Duty Family Members; (c) TRICARE Remote Family Coverage for Active Duty Sponsors; (d) TRICARE Prime Individual Coverage for Active Duty Family Members; (e) TRICARE Prime Individual Coverage for Active Duty Family Members; (f) TRICARE Prime Family Coverage for Active Duty Sponsors; (g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors; (h) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors; (i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors; (j) TRICARE Prime Family Coverage for Retired Sponsors and Family Members; (k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members; (l) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members; (m) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members; (n) TRICARE Prime Individual Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors; (o) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors; (p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors; (q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors; (r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors.

Plan column headers (DP): (s) TRICARE DP Direct Care Coverage for Active Duty Family Members; (t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors; (u) TRICARE DP Direct Care Coverage for Survivors of Active Duty Sponsors; (v) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members; (w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members; (x) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Sponsors; (y) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Sponsors; (z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Sponsors.

Plan column headers (Plus): (aa) TRICARE Plus with CHC Coverage for Active Duty Family Members; (ab) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors; (ac) TRICARE Plus with CHC Coverage for Transitional Survivors Active Duty Deceased Sponsors; (ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors; (ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors; (af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors; (ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor; (ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor; (ai) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor; (aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors; (ak) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors; (al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors.

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing
**Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

ENROLLMENT IS REQUIRED FOR THESE PLANS.

PLAN AND DATA TYPE*

Event And Data Flow	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	(g) TRICARE Prime Individual Coverage for Active Duty Deceased Sponsors	(h) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(l) TRICARE Prime Family Coverage for Transitional Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE DP Direct Care Coverage for Active Duty Family Members	(t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Sponsors	(ac) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ae) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ag) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(ai) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(aj) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors	(ak) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
45. PCM Default Assignment UIC	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	Default criteria for DC PCMs only. If the beneficiary does not indicate any PCM preference, DOES will default a DC PCM based on the sponsor's UIC.	D
46. PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	DOES will ensure that the selected PCM has available capacity.	D

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing
**Enforced By: M=MCSC/DP; D=DEERS

GENERAL BUSINESS RULES	ENFORCED BY**
Foreign Military are not eligible to enroll in any TRICARE program.	D
Person must not be enrolled in any other managed care programs established or operated under the auspices of the DoD.	D
Enrollment in the CHCBP program cannot extend beyond 36 months except in the case of an unremarried former spouse.	M

	PLAN AND DATA TYPE*			
Enrollment required for these plans:	CHCBP PLANS			
EVENT AND DATA FLOW	(a) Continued Health Care Benefit Program Individual Coverage.	(b) Continued Health Care Benefit Program Family Coverage.	Business Rules By Coverage Plan	Enforced By**
47. HCDP Plan Coverage Code	R	R	Valid with DEERS "eligible for" coverage.	D
48. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	DOES sets this field to the begin of eligibility for CHCBP coverage.	D
49. Enrollment Management Contractor Enrollment End Calendar Date	R	R	A. Cannot exceed end of eligibility. DOES defaults to a 36 month enrollment period. B. Must be greater than or equal to enrollment begin date. Enrollment period may not be greater than 36 months except for URFs.	M, D
			DEERS enforces that enrollment periods do not overlap.	D

	EVENT AND DATA FLOW				DATA TYPE*		BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY*
Disenrollment							DOES will display all active enrollments in the family for the user to select appropriate beneficiaries to disenroll.	D
							DEERS will set the PCM Selection End Calendar Date based on the EMC Enrollment End Calendar Date.	D
							DEERS will set the PCM Selection End Reason Code based on the EMC Enrollment End Reason Code.	D
							DEERS will revert coverage to the DEERS assigned health coverage plan starting the day following the disenrollment if the beneficiary is still eligible for coverage.	D
							Disenrollments can only be performed on the latest active enrollment.	D
							A disenrollment is done for an individual.	D
							If an Active Duty sponsor loses eligibility, DEERS will disenroll all family members.	D
							DEERS will send disenrollment notifications to all enrollment management and PCM enrolling divisions systems as necessary.	D
							If an Active Duty sponsor dies, DEERS will automatically disenroll all family members from the Active Duty plan and enroll them in a Transitional Survivor plan for three years following the date of death.	D
							If a retired sponsor dies, family members will not be disenrolled from their coverage plan.	D
							When enrollees with a DP PCM lose eligibility for TRICARE Prime due to reaching age 65, DEERS will automatically disenroll them from Prime and enroll them in the appropriate TRICARE DP Direct Care coverage plan.	D
							Parent and Parent-in-Laws are no longer eligible to enroll.	D
							If a Parent or Parent-in-Law disenrolls from the program, he or she will NOT be eligible to re-enroll at any time.	D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   ** Enforced By: M=MCSC/DP; D=DEERS.

	EVENT AND DATA FLOW		DATA TYPE*			BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY*
	Disenrollment Unsolicited Notification from DEERS					Unsolicited notification sent by DEERS.	
	Disenrollment performed for all health care plans in these groups:	**TRICARE Prime (including Remote) and TRICARE Plus**	a			Refer to Policy Notification.	
		TRICARE DP Direct Care		b		Refer to Policy Notification.	
		CHCBP			c	No notification will be sent from DEERS because there is no EDI solution for management of these plans.	
	Disenrollment - Voluntary/Involuntary					Disenrollment sent to DEERS by MCSC/DP via DOES.	M
						If a beneficiary is waived from paying enrollment fees, the individual will not be disenrolled for non-payment of fees.	D
						If a beneficiary moves to another region, but does not wish to transfer enrollment, the MCS/DP in the new region will be permitted to disenroll the beneficiary.	M, D

*   Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   ** Enforced By: M=MCSC/DP; D=DEERS.

	EVENT AND DATA FLOW		DATA TYPE*			BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY*
			TRICARE PRIME (INCLUDING REMOTE AND TRICARE PLUS)	TRICARE DP DIRECT CARE	CHCBP		
	Disenrollment performed for all health care plans in these health care delivery programs:						
1.	DEERS ID (Insured)		R	R	R	Handled by DOES.	D
2.	HCDP Enrollment Update Code			Update		Handled by DOES.	D
3.	HCDP Type Code		R	R	R	M=Health Care; handled by DOES.	D
4.	HCDP Plan Coverage Code		R	R	R	Applicable for latest unterminated enrollment only.	D
5.	Enrollment Management Contractor Enrollment Begin Calendar Date		R	R	R	Latest unterminated enrollment begin date.	D
6.	Enrollment Management Contractor Enrollment End Calendar Date		R	R	R	A. Must be within current policy enrollment period. B. Must not be more than 60 days in the past (for CHCBP, cannot be before program begin date) or 30 days in the future.	D
7.	EMC Enrollment End Reason Code		R	R	R	Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply).	M, D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing ** Enforced By: M=MCSC/DP; D=DEERS.

BUSINESS RULES: D.   MODIFICATION ENROLLMENT (PCM CHANGE/PCM PANEL REASSIGNMENT)

GENERAL BUSINESS RULES	ENFORCED BY**
Only the current system managing the enrollment can update PCM information.	D
Parent and Parent-in-Laws are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the DP network.	D

BUSINESS RULES: D.   MODIFICATION ENROLLMENT (PCM CHANGE/PCM PANEL REASSIGNMENT)

Plan And Data Type*: TRICARE Prime Plans (a)–(r); TRICARE DP Plans (s)–(z); TRICARE Plus Plans (aa)–(al)

Event And Data Flow	Prime (a)–(r)	DP (s)–(z)	Plus (aa)–(al)	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
1. DEERS ID (Insured)	R (all)	R (all)	R (all)	Handled by DOES.	D
2. HCDP Type Code	R (all)	R (all)	R (all)	M=Health Care; handled by DOES.	D
3. HCDP Plan Coverage Code	R (all)	R (all)	R (all)	The latest current or future coverage plan.	D
4. Enrollment Management Contractor Enrollment Begin Calendar Date	R (all)	R (all)	R (all)	The latest current or future coverage plan.	M, D
5. PCM Selection Update Code	UPDATE (spanning)			Handled by DOES.	D
6. PCM Region Code	R (all)	R (all)	R (all)	The PCM Region Code must fall under the Contract ID managing the enrollment. If there is only one, DOES will default.	M, D
7. PCM Network Provider Type Code	(a) None CV DP; (b) None CV; (c) None CV; (d)–(r) DC CV DP RS	DP	DC RS (all)	Value must be appropriate for the coverage plan. DOES will default, but the user may change if there is more than one option.	M, D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

**Enforced By: M=MCSC/DP; D=DEERS

Plan and Data Type*

Event And Data Flow	TRICARE Prime Plans (a)–(r)	TRICARE DP Plans (s)–(z)	TRICARE Plus Plans (aa)–(al)	Business Rules By Coverage Plan	Enforced By**
8. PCM Enrolling Division DMIS Identifier	R (all a–r)	R (all s–z)	R (all aa–al)	A. For DC, DP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS Ids that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage plan.	M, D
9. PCM Identifier	R (all)	R (all)	R (all)	PCM search criteria	M, D
10. PCM Identifier Type Code	R (all)	R (all)	R (all)	PCM search criteria	M, D
11. PCM License Identifier	O (all)	O (all)	O (all)	PCM search criteria	M
12. PCM Name	R (all)	R (all)	R (all)	PCM search criteria	M, D
13. PCM Group Identifier	N/A (a,b,c); S (d–r)	N/A (all)	R (all)	PCM search criteria; only applicable to DC PCMs	M, D
14. PCM Group Name	O (a,b,c); S (d–r)	O (all)	R (all)	PCM search criteria; only required for DC PCMs	M, D
15. PCM Plan of Care Identifier	N/A (a,b,c); S (d–r)	N/A (all)	R (all)	PCM search criteria; only applicable to DC PCMs	M, D
16. PCM Group Identifier	N/A (a,b,c); S (d–r)	N/A (all)	R (all)	PCM search criteria; only applicable to DC PCMs	M, D
17. PCM Telephone Number Code	O (all)	O (all)	O (all)	PCM search criteria	M
18. PCM Mailing Address City Name	S (all)	S (all)	S (all)	PCM search criteria	M, D
19. PCM Mailing Address US Postal Region State Code	S (all)	S (all)	S (all)	PCM search criteria	M, D
20. PCM Mailing Address US Postal Region ZIP Code	S (all)	S (all)	S (all)	PCM search criteria	M, D
21. PCM Mailing Address Country Code	O (all)	O (all)	O (all)	PCM search criteria	M, D
22. PCM Specialty Code	S (all)	S (all)	S (all)	PCM search criteria	M, D
23. PCM Sex Code	S (all)	S (all)	S (all)	PCM search criteria	M, D

TRICARE Prime Plans columns:
(a) TRICARE Remote for Active Duty Service Members
(b) TRICARE Remote Individual Coverage for Active Duty Family Members
(c) TRICARE Remote Family Coverage for Active Duty Family Members
(d) TRICARE Prime Individual Coverage for Active Duty Sponsors
(e) TRICARE Prime Individual Coverage for Active Duty Family Members
(f) TRICARE Prime Family Coverage for Active Duty Family Members
(g) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
(h) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
(k) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
(l) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
(m) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
(n) TRICARE Prime Individual Coverage for Transitional Survivors
(o) TRICARE Prime Family Coverage for Transitional Survivors
(p) TRICARE Prime Individual Coverage for Guard/Reserve Deceased Sponsors
(q) TRICARE Prime Family Coverage for Guard/Reserve Deceased Sponsors
(r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE DP Plans columns:
(s) TRICARE DP Direct Care Coverage for Active Duty Family Members
(t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors
(u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors
(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors
(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members
(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
(z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE Plus Plans columns:
(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
(ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Sponsors
(ac) TRICARE Plus with CHC Coverage for Transitional Survivors
(ad) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
(ae) TRICARE Plus Coverage for Active Duty Family Members and Medal of Honor
(af) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor
(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
(ah) TRICARE Plus with CHC Coverage for Transitional Survivors
(ai) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
(aj) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
(ak) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors
(al) TRICARE Plus CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

**Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE/PCM PANEL REASSIGNMENT) (CONTINUED)

PLAN AND DATA TYPE*

Event And Data Flow	TRICARE Prime Plans (a)–(r)	TRICARE DP Plans (s)–(z)	TRICARE Plus Plans (aa)–(al)	Business Rules By Coverage Plan	Enforced By**
24. PCM Location Begin Calendar Date	S (all columns)	S (all columns)	S (all columns)	Upon network PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must select another PCM	M, D
25. PCM Location End Calendar Date	S (all columns)	S (all columns)	S (all columns)	A. This date must be on or after the EMC Enrollment Begin Calendar Date.\n\nB. DOES will only validate this upon PCM selection, NOT when changes are made to the PCM begin or end date.	M, D
26. PCM Selection Begin Calendar Date	R (all columns)	R (all columns)	R (all columns)	A. This is the date the new PCM becomes effective.\nB. There cannot be date gaps for PCM; certain PCM information is always associated with a person's enrollment date.\nC. Must be within enrollment period.\nD. Must be no greater than 60 days in the past or 90 days in the future if initial assignment to this PCM.\nIf this is an update to an existing PCM, this date must be no greater than 60 days in the past or 90 days in the future of the initial PCM Selection Begin Calendar Date.	M, D
				DEERS will populate the previous PCM Selection End Calendar Date as the day prior to new PCM Selection Begin Calendar Date.	D

Column headers (TRICARE Prime Plans):
(a) TRICARE Remote for Active Duty Service Members
(b) TRICARE Remote Individual Coverage for Active Duty Family Members
(c) TRICARE Remote Family Coverage for Active Duty Sponsors
(d) TRICARE Prime Individual Coverage for Active Duty Family Members
(e) TRICARE Prime Individual Coverage for Active Duty Family Members
(f) TRICARE Prime Family Coverage for Active Duty Family Members
(g) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
(h) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
(l) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
(o) TRICARE Prime Individual Coverage for Transitional Guard/Reserve Deceased Sponsors
(p) TRICARE Prime Family Coverage for Transitional Guard/Reserve Deceased Sponsors
(q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
(r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

Column headers (TRICARE DP Plans):
(s) TRICARE DP Direct Care Coverage for Active Duty Family Members
(t) TRICARE DP Direct Care Individual Coverage for Active Duty Sponsors
(u) TRICARE DP Direct Care Individual Coverage for Active Duty Sponsors
(v) TRICARE DP Direct Care Family Coverage for Survivors of Retired Sponsors and Family Members
(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
(x) TRICARE DP Direct Care Family Coverage for Transitional Survivors
(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
(z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

Column headers (TRICARE Plus Plans):
(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
(ab) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
(ac) TRICARE Plus Coverage for Transitional Survivors
(ad) TRICARE Plus with CHC Coverage for Retired Sponsors and Family Members
(ae) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors
(af) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
(ah) TRICARE Plus with CHC Coverage for Transitional Survivors
(ai) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
(ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
(al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

***** Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

	EVENT AND DATA FLOW	TRICARE PRIME PLANS																			TRICARE DP PLANS								TRICARE PLUS PLANS													BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	(z)	(aa)	(ab)	(ac)	(ad)	(ae)	(af)	(ag)	(ah)	(ai)	(aj)	(ak)	(al)		
27.	Prior PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The reason code represents why the person is changing the existing PCM to a new PCM.	M, D
28.	PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	DOES will ensure that the selected PCM has available capacity.	D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

Column headers:
- (a) TRICARE Remote Individual Coverage for Active Duty Service Members
- (b) TRICARE Remote Individual Coverage for Active Duty Family Members
- (c) TRICARE Remote Family Coverage for Active Duty Sponsors
- (d) TRICARE Prime Individual Coverage for Active Duty Family Members
- (e) TRICARE Prime Individual Coverage for Active Duty Family Members
- (f) TRICARE Prime Family Coverage for Active Duty Sponsors
- (g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
- (k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (l) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
- (m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
- (n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (o) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (s) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors
- (u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors
- (v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors
- (w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
- (x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members
- (y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
- (ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Sponsors
- (ac) TRICARE Plus Coverage for Active Duty Deceased Sponsors
- (ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors
- (ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
- (af) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ah) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (ai) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

BUSINESS RULES: E.   MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

GENERAL BUSINESS RULES	ENFORCED BY**
DOES will display all enrollments for the family when a cancellation event falls within the prescribed business rules below. The user must select the appropriate enrollee(s).	D
The user may reinstate the previous PCM or replace the current PCM with a new one. (See PCM Change business rules for the latter option.) If there is only one PCM for the enrollment, thus no PCM to reinstate, a PCM cancellation will not be allowed, the user must cancel the enrollment.	D
The instance of the PCM selection being cancelled will be removed and will not be displayed by DEERS in subsequent transactions.	D
DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
Only the current MCSC/DP managing the enrollment can update PCM information; only the MCSC/DP that performed the transfer may cancel it.	D
The PCM or transfer effective date cannot be more than 60 days in the past.	D

BUSINESS RULES: E.   MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

PCM/Transfer cancellation

PCM/transfer cancellations allowed for these plans, unless otherwise stated below.

PLAN AND DATA TYPE*

TRICARE PRIME PLANS — columns (a) through (s); TRICARE PLUS PLANS - PCM CANCELLATION ONLY — columns (aa) through (al)

Event And Data Flow	(a)–(s) TRICARE Prime Plans	(aa)–(al) TRICARE Plus Plans	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
1. DEERS ID (Insured)	R (all columns)	R (all columns)	Handled by Does.	D
2. HCDP Type Code	R (all columns)	R (all columns)	M=Helath Care; handled by DOES.	D
3. HCDP Plan Coverage Code	R (all columns)	R (all columns)	The latest current or future coverage plan.	D
4. Enrollment Management Contractor Enrollment Begin Calendar Date	R (all columns)	R (all columns)	The latest current or future coverage plan.	D

*   Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION) (CONTINUED)

PCM/Transfer cancellation

PCM/transfer cancellations allowed for these plans, unless otherwise stated below.

PLAN AND DATA TYPE*

TRICARE Prime Plans columns:
- (a) TRICARE Remote for Active Duty Service Members
- (b) TRICARE Remote Individual Coverage for Active Duty Family Members
- (c) TRICARE Remote Family Coverage for Active Duty Family Members
- (d) TRICARE Prime Individual Coverage for Active Duty Sponsors
- (e) TRICARE Prime Individual Coverage for Active Duty Family Members
- (f) TRICARE Prime Family Coverage for Active Duty Family Members
- (g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
- (k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (l) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
- (m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
- (n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (o) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (r) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (s) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (t) TRICARE DP Direct Care Individual Coverage for Active Duty Sponsors
- (u) TRICARE DP Direct Care Coverage for Survivors of Active Duty Sponsors
- (v) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors
- (w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members
- (x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members
- (y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors

TRICARE Plus Plans – PCM Cancellation Only:
- (aa) TRICARE Plus with CHC Coverage for Active Duty Family Members
- (ab) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors
- (ac) TRICARE Plus Coverage for Transitional Survivors of Active Duty Sponsors
- (ad) TRICARE Plus with CHC Coverage for Transitional Survivors
- (ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
- (af) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
- (ah) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (ai) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
- (aj) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors

Event And Data Flow	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	aa	ab	ac	ad	ae	af	ag	ah	ai	aj	ak	al	Business Rules By Coverage Plan	Enforced By**
5. PCM Selection Update Code	CANCEL → (spans all plan columns)																																						Handled by DOES.	D
6. PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
7. PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
8. PCM Network Provider Type Code	None CV DP	None CV	None DV	DC RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DP	DP	DP	DP	DP	DP	DP	DP	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	PCM being cancelled.	M, D
9. PCM Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
10. PCM Identifier Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
11. PCM Name	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
12. PCM Group Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM being cancelled.	M, D
13. PCM Selection Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. PCM being cancelled. B. There cannot be any date gaps for PCM, certain PCM is required for an enrollment. C. Must not be more than 60 days in the past. D. If there is only one PCM for this enrollment, new PCM selection information must be included with the cancellation. E. DEERS will reinstate the previous PCM selection.	D
14. PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	"Invalid Entry."	M, D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

**Enforced By: M=MCSC/DP; D=DEERS

Business Rules: F. Modification Of Enrollment (Transfer)

General Business Rules	Enforced By**
Does will list all family members enrolled in different MCSC/DP contracts for the user to select.	D
A transfer of enrollment is done for each family member being transferred.	M
When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor.	M, D
If there are current and future enrollments for the person being transferred, the future segment must first be cancelled by the MCSC/DP managing that future enrollment.	D
DEERS will set the EMC Enrollment End Calendar Date and the PCM Selection End Calendar Date for the losing organization, and the EMC Enrollment Begin Calendar Date and PCM Selection Begin Calendar Date for the gaining organization based on the transfer effective date.	D
When an enrollee relocates to another contractor, DEERS notifies the losing entity of the loss to reflect the enrollment transfer.	D
Parents and Parents-in-Law are no longer eligible to enroll. However, if tthey are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the DP network	D

Business Rules: F. Modification Of Enrollment (Transfer)

Enrollment Transfer — *Transfer of Enrollment allowed for these plans:*

Plan And Data Type* — TRICARE Prime Plans (a)–(o); TRICARE DP Plans (p)–(s)

- (a) TRICARE Prime Individual Coverage for Active Duty Sponsors
- (b) TRICARE Prime Individual Coverage for Active Duty Family Members
- (c) TRICARE Prime Family Coverage for Active Duty Family Members
- (d) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (e) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (f) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
- (g) TRICARE Prime Family Coverage for Survivors of Retired Sponsors and Family Members
- (h) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (i) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
- (j) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
- (k) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (l) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (m) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (n) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (o) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (p) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (q) TRICARE DP Direct Care Individual Coverage for Retired Sponsors
- (r) TRICARE DP Direct Care Family Coverage for Retired Sponsors Family Members
- (s) TRICARE DP Direct Care Family Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors

#	Event And Data Flow	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	Business Rules By Coverage Plan	Enforced By**
1.	DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Handled by DOES.	D
2.	HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES.	D
3.	PCM Selection Update Code																				This is an update to an existing HCDP because the person is still covered within the same coverage plan; handled by DOES.	D
4.	HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Latest current or future coverage plan.	D
5.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. The date that the enrollment transfer is effective. Must not be more than 60 days in the past or 90 days in the future, within eligibility and at least two days after the current EMC Enrollment Begin Calendar Date.	M, D
																					A. DEERS will terminate the enrollment with the previous MCSC/DP one day prior to this date. B. DEERS will set the PCM Selection Begin Calendar Date equal to this date.	D
6.	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do not overlap.	D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing **Enforced By: M=MCSC/DP; D=DEERS

ENROLLMENT TRANSFER — *Transfer of Enrollment allowed for these plans:*

PLAN AND DATA TYPE*

Event And Data Flow	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	Business Rules By Coverage Plan	Enforced By**
	TRICARE Prime Plans															TRICARE DP Plans					
7. HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A	N/A	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	M
8. Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O		M
9. TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O		M
10. Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Required to perform jurisdiction; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the mailing address ZIP Code, but user may change it.	M, D
11. Health Care Delivery Program Enrollment Card Request Status Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	N/A	N/A	Indicates whether or not an ID card should be generated. Default is to generate card upon transfer.	M, D
12. Health Care Delivery Program Enrollment Card Request Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	Default to current date; change only when Enrollment Card is Requested.	M, D
13. PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code must fall under the Contract ID managing the enrollment transfer. If there is only one, DOES will default.	M, D
14. PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. For DC, DP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage plan.	M, D
15. PCM Network Provider Type Code	DC RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DP	DP	DP	DP	Value must be appropriate for the coverage plan. DOES will default, but the user may change if there is more than one option.	M, D
16. PCM Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D
17. PCM Identifier Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D
18. PCM License Identifier	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	PCM search criteria	M
19. PCM Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
20. PCM Group Identifier	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	PCM search criteria; only applicable to DC PCMs	
21. PCM Group Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	PCM search criteria; only required for DC PCMs	M, D
22. PCM Place of Care Identifier	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	PCM search criteria; only applicable to DC PCMs	
23. PCM Place of Care Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	PCM search criteria; only applicable to DC PCMs	
24. PCM Telephone Number Code	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	PCM search criteria	M
25. PCM Mailing Address City Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
26. PCM Mailing Address US Postal Region State Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
27. PCM Mailing Address US Postal Region ZIP Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
28. PCM Mailing Address Country Code	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	PCM search criteria	M, D
29. PCM Specialty Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D

Column key by letter:
- (a) TRICARE Prime Individual Coverage for Active Duty Sponsors
- (b) TRICARE Prime Individual Coverage for Active Duty Family Members
- (c) TRICARE Prime Family Coverage for Active Duty Family Members
- (d) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (e) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
- (f) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors
- (g) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
- (h) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
- (i) TRICARE Prime Family Coverage for Retired Sponsors and Family Members
- (j) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
- (k) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
- (l) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (m) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors
- (n) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (o) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
- (p) TRICARE DP Direct Care Coverage for Active Duty Family Members
- (q) TRICARE DP Direct Care Individual Coverage for Retired Sponsors
- (r) TRICARE DP Direct Care Family Coverage for Retired Sponsors Family Members
- (s) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors

*   Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

Event And Data Flow	(a) TRICARE Prime Individual Coverage for Active Duty Sponsors	(b) TRICARE Prime Individual Coverage for Active Duty Family Members	(c) TRICARE Prime Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(e) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(f) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(g) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(j) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(k) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(l) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(m) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(n) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(o) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(p) TRICARE DP Direct Care Coverage for Active Duty Family Members	(q) TRICARE DP Direct Care Individual Coverage for Retired Sponsors	(r) TRICARE DP Direct Care Family Coverage for Retired Sponsors Family Members	(s) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	Business Rules By Coverage Plan	Enforced By**
30. PCM Sex Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
31. PCM Location Begin Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Upon PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must select another PCM.	M, D
32. PCM Location End Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	A. This date must be on or after the EMC Enrollment Begin Calendar Date. B. DOES will only validate this upon PCM selection, NOT when changes are made to the PCM begin or end date.	M, D
33. Prior PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Value of "Transfer".	D
34. PCM Default Assignment UIC	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	Default criteria for DC PCMs only. If the beneficiary does not indicate any PCM preference, DOES will default a DC PCM based on the sponsor's UIC.	D
35. PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	DOES will ensure that the selected PCM has available capacity.	D

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EVENT AND DATA FLOW	DATA TYPE*		BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
			DOES will display all family members that may have the enrollment period changed based on the business rules below.	D
			An enrollment cannot extend past eligibility	D
			DEERS will send enrollment change notifications to all systems participating in the management of the enrollment.	D
			DEERS will ensure enrollment periods do not overlap.	D
			DEERS will only allow modification of a begin date to the latest current or future enrollment if it began within the past 60 days. DEERS will allow modification to the last terminated enrollment's end date if the current end date is within the past 60 days and there is no later enrollment.	D
			The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date.	D
			If there has been a change of coverage plan within the HCDP (e.g., change from Prime to Plus) and the begin date of the later enrollment is modified, the end date of the previous enrollment will be modified accordingly to provide continuous enrollment.	D
			Only the entity that created the enrollment may change the enrollment begin date. The begin date can be changed to an earlier date that does not overlap another enrollment and is not more than 60 days from the current date. The begin date can be changed to a later date that is not more than 90 days in the future of the current begin date and does not fall into a later PCM segment with a different DMIS ID than the first PCM***.	D
			Only the entity that managed the enrollment may change the enrollment end date and the change must be made within 60 days of the disenrollment date.	D
			If necessary, new policy dates will be set by DEERS based on the EMC Enrollment Begin Calendar Date adjustment for the enrollments within the policy. DEERS will send policy notifications as necessary.	D
			DEERS will update the policy enrollment period for a family based on the new enrollment begin dates. DEERS will honor differences in an individual's enrollment begin date. Family members may have different enrollment end dates based on length of eligibility.	D

*   Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS
*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS i no longer used for claims inquiries.

EVENT AND DATA FLOW	DATA TYPE*			BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
Enrollment Period Change for an Individual					
Change of enrollment period allowed for all health care plans in these health care delivery programs:	TRICARE PRIME (INCLUDING REMOTE)	TRICARE DP DIRECT CARE	TRICARE PLUS		
1. DEERS ID (Insured)	R	R	R	Handled by DOES.	M, D
2. HCDP Enrollment Update Code		Update		Handled by DOES.	M, D
3. HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	M, D
4. HCDP Plan Coverage Code	R	R	R	The latest current or future coverage plan for begin date modifications; the latest coverage plan (must be terminated) for end date modifications.	M, D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	A. The EMC Enrollment Begin Calendar Date can be changed only if it is currently not more than 60 cays in the past or 90 days in the future. B. The new EMC Enrollment Begin Calendar Date must be within eligibility and must be within 60 days prior to or 90 days in the future of the current EMC Enrollment Begin Calendar Date. The new begin date may not cross the begin date of a later PCM with a different DMIS ID than the first***.	M, D
				A. If the new EMC Policy Enrollment Period Begin Calendar Date precedes the original EMC Enrollment Begin Calendar Date, the EMC Policy Enrollment Period Begin Calendar Date will be modified to this date. B. The EMC Policy Enrollment Period End Calendar Date will also be modified accordingly to a 12-month (or less depending on eligibility) period, if applicable. C. DEERS will set the initial PCM Selection Begin Calendar Date equal to this date.	D
6. Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	A. For enrollments terminated by an enrolling organization, this date must not be more than 60 days in the past. The new EMC Enrollment End Calendar Date must not be more than 60 days in the past, or more than 30 days in the future of the current EMC Enrollment End Calendar Date and cannot exceed eligibility. B. For enrollments terminated by DEERS, this date may only be changed if the enrollee's eligibility has been extended. The new EMC Enrollment End Calendar Date will be set to a new end of eligibility date. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date.	M, D
				A. DEERS will set the last PCM Selection End Calendar Date equal to this date. B. If this is the last active enrollment in the policy, the EMC Policy Enrollment Period End Calendar Date will reflect this date.	D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS
*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS i no longer used for claims inquiries.

BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
		DOES will display all family members that may have their enrollment end reason code changed based on the business rules below.	D
		The system identifier must be the system who managed the enrollment.	D
		The Enrollment End Reason Code may only be changed within the 60 days following the disenrollment date and only if it is the latest enrollment.	D
		Enrollment End Reason Codes set by DEERS cannot be changed.	D

EVENT AND DATA FLOW	DATA TYPE*			BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
Enrollment End Reason Code Change					
Change of enrollment end reason allowed for plans in these health care delivery programs:	TRICARE PRIME	TRICARE DP DIRECT CARE	TRICARE PLUS		
1. DEERS ID (Insured)	R	R	R	Handled by DOES.	D
2. HCDP Enrollment Update Code		Update		Handled by DOES.	D
3. HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R	R	R	The latest coverage plan.	D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	Enrollment period being changed.	M, D
6. Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	Enrollment period being changed.	M, D
				Cannot be more than 60 days in the past.	D
7. EMC Enrollment End Reason Code	R	R	R	Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply).	M, D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
		DOES will display all family members that may have the enrollment/disenrollment cancelled based on the business rules below.	D
		The instance of the enrollment or disenrollment (including PCM information) will be removed and will not be displayed by DEERS in subsequent transactions.	D
		Any fee payment adjustments should be made prior to cancelling the last enrollment in a policy. Once all enrollments have been cancelled, fee information will be inaccessible.	D
		For disenrollment cancellations, DEERS will reinstate the enrollment, including fee information, as it existed prior to the disenrollment.	D
		DEERS will adjust policy dates for the family as necessary.	D
		DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
		For enrollment and disenrollment cancellations, the system identifier must be the current MCSC/DP managing this enrollment. If there has been a transfer of enrollment, the gaining contractor may only cancel the transfer, not the enrollment.	D
		When an enrollment is cancelled, DOES will reinstate the previous enrollment if it ended due to a change in coverage plans within the same HCDP (e.g., changed enrollment from Prime to Plus).	D

EVENT AND DATA FLOW	DATA TYPE*			BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
Enrollment/Disenrollment Cancellation					
Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:	TRICARE PRIME	TRICARE DP DIRECT CARE	TRICARE PLUS		
1. DEERS ID (Insured)	R	R	R	Handled by DOES.	D
2. HCDP Enrollment Update Code		Cancel		This is the cancellation of a current or future HCDP; handled by DOES.	D
3. HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R	R	R	Current or future coverage plan for Enrollment Cancellation (if there is a future coverage plan, this plan must be cancelled before the current plan may be cancelled); previous coverage plan for Disenrollment Cancellation.	D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	A. The begin date of the enrollment/disenrollment selected for cancellation. B. For an enrollment cancellation, this date must be no longer than 60 days in the past or 90 days in the future.	M, D
6. Enrollment Management Contractor Enrollment End Calendar Date				A. The end date of the enrollment/disenrollment selected for cancellation. B. For a disenrollment cancellation, this date must be no longer than 60 days in the past or 30 days in the future.	M, D
7. EMC Enrollment End Reason Code	R	R	R	"Invalid Entry"	M, D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: J. BATCH ENROLLMENT FEE PAYMENT

GENERAL BUSINESS RULES	ENFORCED BY**
This transaction is used for making enrollment fee payments and adjustments.	M, D
DEERS will accumulate individual enrollment fee payments for each policy enrollment period at the policy level.	D
Partial or non-payment of enrollment fees will be accepted by DEERS and should be communicated through the HCDP Enrollment Fee Payment Exception Reason Code.	M
The system identifier is obtained by DEERS from the message header and is used to track the system that sent the enrollment fee payment notification.	D
DEERS will only accept fee payments (or adjustments) for policies that require fees.	D

BUSINESS RULES: J. BATCH ENROLLMENT FEE PAYMENT

BATCH ENROLLMENT FEE PAYMENT — PLAN AND DATA TYPE*

Enrollment fees required for these plans:

Columns — TRICARE PRIME PLANS: (a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors; (b) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors; (c) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members; (d) TRICARE Prime Family Coverage for Retired Sponsors and Family Members; (e) Prime Individual Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors; (f) Prime Family Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors; (g) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors; (h) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors.

TRICARE DP DIRECT CARE PLANS: (i) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors; (j) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors; (k) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members; (l) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members; (m) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors; (n) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors.

EVENT AND DATA FLOW	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**	ERROR/WARNING MESSAGE IF BUSINESS RULES NOT MET P / PROCESS STEP TEXT: PROCESS STEP RETURN STATUS CODE
Subscriber Information:																	
1. DEERS ID	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Handled by DOES.	D	
Fee Information:																	
2. Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS.	M, D	INCOMPLETE FEE INFO:203 NO HCDP_PEP_SEGMENT: 104
3. Health Care Delivery Program Enrollment Fee Payment Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R		M	INCOMPLETE FEE INFO: 203
4. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	This date should be within the policy enrollment period of the policy identified in #2.	M	
5. Health Care Delivery Program Enrollment Fee Payment Plan Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R			M, D	INCOMPLETE FEE INFO: 203
6. Health Care Delivery Program Enrollment Year Fee Payment Amount	R	R	R	R	R	R	R	R	R	R	R	R	R	R	This should be a dollar amount (with decimal and dollar sign). Can be negative. If the amount posted results in the cumulative fee payment being above the expected limit, DEERS issues a warning.	M, D	INCOMPLETE FEE INFO: 203 NEED DECIMAL AMT: 301
7. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Required if partial payment or non-payment of fees. This field must be re-set each time a fee payment is made if it is still applicable.	M	
8. Health Care Delivery Program Enrollment Fee Action Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Specifies the type of action: payment or adjustment.	M	INCOMPLETE FEE INFO: 203

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**Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: K. UPDATE AN INDIVIDUAL'S ENROLLMENT FEE WAIVER INFORMATION

GENERAL BUSINESS RULES	ENFORCED BY**
There are no dates associated with the waiver; it can be set or removed as necessary and no history is kept on the setting of this field.	D

BUSINESS RULES: K. UPDATE AN INDIVIDUAL'S ENROLLMENT FEE WAIVER INFORMATION

ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL	PLAN AND DATA TYPE*													
Enrollment fees required for these plans:	TRICARE PRIME PLANS						TRICARE DP DIRECT CARE PLANS							
EVENT AND DATA FLOW	(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(c) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(d) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(e) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(f) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(g) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE PDP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(i) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(j) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(k) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(l) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
1. DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	The beneficiary who is exempt from paying enrollment fees; handled by DOES.	M, D
2. HCDP Enrollment Update Code			UPDATE										Handled by DOES.	D
3. HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES.	M, D
4. HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	The latest current or future coverage plan.	M, D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS.	M, D
6. Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS.	M, D
7. HCDP Individual Enrollment Fee Waiver Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	The reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS.	M

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
		When an enrollee's address is updated in DOES, a policy notification will be sent to the MCSC managing the enrollment, and a PIT will be sent to the appropriate CHCS host site (if any).	D
		The Mailing Address Maintenance Source Code will indicate whether the address was last updated by an MCSC, a DP, CHCS, or a military personnel update.	D
		For OCONUS addresses, ZIP Codes should be entered on Address Line 2 in DOES.	M
Person Information			
1. DEERS ID	R	Handled by DOES.	D
2. E-mail Address Update Code	S	Handled by DOES.	D
3. E-mail Address Use Priority Code	S	Residence E-mail address.	D
4. Email Address Text	O		M
5. Mailing Address Update Code	R	Required if address is being updated.	D
6. Mailing Address Type Code	S	A. Must be included if updating the address information; indicates if mailing or residential address is being updated. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
7. Mailing Address Effective Calendar Date	S	A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
8. Mailing Address Quality Code	R	This field will be populated by DEERS after Code-1 is run and returned on the policy notification.	D
9. Mailing Address Maintenance Source Code	R	Indicates the source of a mailing address update. If update is made in DOES by an MCSC/DP, the value should be "MCSC". If update is made in DOES by the Dental Contractor, the value should be "Dental". This will trigger a policy notification and if necessary, a PIT notification.	D
10. Mailing Address Line 1 Text	S	A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
11. Mailing Address Line 2 Text	O	A. Depends on length of address. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D

*   Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
12. Mailing Address City Name	R	Address is a complete unit. All required elements must be included for a successful update.	M, D
13. Mailing Address US Postal Region State Code	S	A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
14. Mailing Address US Postal Region ZIP Code	S	A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
15. Mailing Address US Postal Region ZIP Extension Code	O	Recommended if known and address is in the U.S. and Puerto Rico.	M
		If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
16. Mailing Address Country Code	S	Address is a complete unit. All required elements must be included for a successful update.	M, D
		If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
17. Telephone Number Update Code	S	Handled by DOES.	D
18. Home Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
19. Work Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
20. Fax Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: M.   POLICY NOTIFICATION

	Contractor Information:	
1.	Contractor Operator Identifier	
	Sponsor Information:	
2.	Sponsor DEERS Family Identifier	
3.	Sponsor DEERS Beneficiary Identifier	
4.	Sponsor Patient Identifier	
5.	Sponsor Person Last Name	
6.	Sponsor Person First Name	
7.	Sponsor Person Middle Name	
8.	Sponsor Person Cadency Name	
9.	Sponsor Person Birth Calendar Date	
10.	Sponsor Person Death Calendar Date	
	Policy Information:	
11.	Health Care Delivery Program Plan Coverage Code	
12.	Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	
13.	Health Care Delivery Program Policy Enrollment Period End Calendar Date	
	Enrollment Fee Information:	
14.	Health Care Delivery Program Enrollment Fee Payment Update Code	
15.	Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	
16.	Health Care Delivery Program Enrollment Fee Payment Calendar Date	
17.	Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	
18.	Health Care Delivery Program Enrollment Fee Payment Plan Type Code	
19.	Health Care Delivery Program Enrollment Fee Fiscal Year Fee Payment Amount	
20.	Payment Type Code	
21.	Payment Identifier	
22.	Credit Card Type Code	
23.	Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	
24.	Health Care Delivery Program Enrollment Fee Action Code	
25.	Health Care Delivery Program Fiscal Year Fee Cumulative Amount	
	Family Member Information:	
26.	DEERS Family Identifier	
27.	DEERS Beneficiary Identifier	
28.	Patient Identifier	
29.	Person Last Name	
30.	Person First Name	
31.	Person Middle Name	
32.	Person Cadency Name	
33.	Person Birth Calendar Date (Patient)	
34.	Person Sex Code	
35.	Person Association Reason Code	

	Enrollment Process Information:	
36.	Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	
37.	Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	
38.	Sponsor Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	
39.	Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	
40.	Health Care Delivery Program Enrollment Card Request Code	
41.	Health Care Delivery Program Enrollment Card Request Calendar Date	
42.	Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	
43.	TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	
	Primary Care Manager Information:	
44.	Primary Care Manager Region Code	
45.	Primary Care Manager Enrolling Division DMIS Identifier	
46.	Primary Care Manager Network Provider Type Code	
47.	Primary Care Manager Identifier	
48.	Primary Care Manager Identifier Type Code	
49.	Primary Care Manager Selection Begin Calendar Date	
50.	Primary Care Manager Selection End Calendar Date	
51.	Primary Care Manager Selection End Reason Code	
52.	Prior Primary Care Manager Selection End Reason Code	
	Email Address Information:	
53.	Email Address Use Priority Code	
54.	Email Address Text	
	Mailing Address Information:	This information will repeat for each address a person has on DEERS.
55.	Mailing Address Type Code	
56.	Mailing Address Quality Code	
57.	Mailing Address Effective Calendar Date	
58.	Mailing Address Expiration Calendar Date	
59.	Mailing Address Line 1 Text	
60.	Mailing Address Line 2 Text	
61.	Mailing Address City Name	
62.	Mailing Address US Postal Region State Code	
63.	Mailing Address US Postal Region ZIP Code	
64.	Mailing Address US Postal Region ZIP Extension Code	
65.	Mailing Address Country Code	
66.	Mailing Address Maintenance Source Code	
	Telephone Number Information:	
67.	Home Telephone Number Code	
68.	Work Telephone Number Code	
69.	Fax Telephone Number Code	

BUSINESS RULES: N.   PCM INPUT FILE

	Action Information:	
1.	Primary Care Manager Information Update Code	
	Contractor Information:	
2.	Health Care Delivery Program Contractor Code	
	Primary Care Manger Information:	
3.	Primary Care Manger Region Code	If this cannot be validated against the HCDP Contractor Code, DEERS rejects the record.
4.	Primary Care Manager Enrolling Division DMIS Identifier	If this ID cannot be validated against the PCM Region Code, DEERS rejects the record.
5.	Primary Care Manger Network Provider Type Code	
6.	Primary Care Manger Identifier	
7.	Primary Care Manger Type Code	
8.	Primary Care Manger License Identifier	
9.	Primary Care Manger Name	
10.	Primary Care Manger Group Name	
11.	Primary Care Manger Telephone Number Code	
12.	Primary Care Manger Mailing Address Line 1 Text	
13.	Primary Care Manger Mailing Address Line 2 Text	
14.	Primary Care Manger Mailing Address City Name	
15.	Primary Care Manger Mailing Address US Postal Region State Code	
16.	Primary Care Manger Mailing Address US Postal Region ZIP Code	
17.	Primary Care Manger Mailing Address Country Code	
18.	Primary Care Manger Location Begin Calendar Date	
19.	Primary Care Manger Location End Calendar Date	
20.	Primary Care Manger Sex Code	
21.	Primary Care Manger Specialty Code	
22.	Remote Enrollee Primary Care Manger Assignment Indicator Code	
23.	Primary Care Manger Assignment Remark Text	
24.	Primary Care Manger Assigned Enrollee Quantity	

BUSINESS RULES: O.   PATIENT ID CHANGE

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
	Inquiry Information			
1.	Total Records Changed Request Indicator Code	R	Required for an inquiry to retrieve all Patient Identification Change records.	M
	OR			
2.	Last Records Changed Request Calendar Date	S	Required for an inquiry to retrieve all changes as of a specific date, for example all Patient ID changes that have occurred since the last inquiry was performed.	M
	Inquiry Response Information		These three elements will be repeated for each Patient ID Change listed in the response file.	
	DoD Electronic Data Interchange Person Identifier	R	This is the individual's old identifier.	
	DoD Electronic Data Interchange Cross-Reference Person Identifier	R	This is the new identifier for this individual.	
	DoD Electronic Data Interchange Person Identifier Change Effective Calendar Date	R	This is the date that the new identifier became effective.	

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BUSINESS RULES: P.   PARTIAL MATCH INQUIRY

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
	Partial Match Response			
	Sponsor Information:		If coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. If there is a duplicate on the sponsor SSN, this information will repeat.	
1.	DEERS Identifier			
2.	Patient Identifier			
3.	Person Identifier			
4.	Person Identifier Type Code			
5.	Person Last Name			
6.	Person First Name			
7.	Person Middle Name			
8.	Person Cadency Name			
9.	Person Birth Calendar Date (Patient)			
10.	Person Sex Code			
11.	Person Death Calendar Date			
12.	Mailing Address Type Code			
13.	Mailing Address Effective Calendar Date			
14.	Mailing Address Line 1 Text			
15.	Mailing Address Line 2 Text			
16.	Mailing Address City Name			
17.	Mailing Address US Postal Region State Code			
18.	Mailing Address US Postal Region ZIP Code			
19.	Mailing Address US Postal Region ZIP Extension Code			
20.	Mailing Address Country Code			
21.	Home Telephone Number Code			
22.	Work Telephone Number Code			
23.	Fax Telephone Number Code			
	Sponsor Personnel Information:		This information will repeat if dual-eligibility exists.	
24.	Personnel Category Code			
25.	Service Branch Classification Code			
26.	Pay Plan Code			
27.	Pay Grade Code			
28.	Pay Grade Calendar Date			
29.	Rank Code			
30.	Unit Identification Code			
31.	Unit Location US Postal Region ZIP Code			
32.	Unit Location US Postal Region ZIP Extension Code			
33.	Unit Location Country Code			

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	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
	Insured Information:		If there is a duplicate on the family member identification, this information will repeat. If a person has more than one address, this information will repeat.	
34.	DEERS Identifier			
35.	Patient Identifier			
36.	Person Identifier			
37.	Person Identifier Type Code			
38.	Person Last Name			
39.	Person First Name			
40.	Person Middle Name			
41.	Person Cadency Name			
42.	Person Birth Calendar Date (Patient)			
43.	Person Sex Code			
44.	Person Association Reason Code			
45.	Person Association Begin Calendar Date			
46.	Person Association End Calendar Date			
47.	Person Association End Reason Code			
48.	Person Death Calendar Date			
49.	Mailing Address Type Code			
50.	Mailing Address Effective Calendar Date			
51.	Mailing Address Line 1 Text			
52.	Mailing Address Line 2 Text			
53.	Mailing Address City Name			
54.	Mailing Address US Postal Region State Code			
55.	Mailing Address US Postal Region ZIP Code			
56.	Mailing Address US Postal Region Zip Extension Code			
57.	Mailing Address Country Code			
58.	Home Telephone Number Code			
59.	Work Telephone Number Code			
60.	Fax Telephone Number Code			

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BUSINESS RULES: Q.   COVERAGE INQUIRY

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
	Coverage Inquiry			
1.	Person/Family Transaction Type Code	R	"P" for person/"F" for family. If value is blank, DEERS will default to "P".	D
2.	Inquiry Sponsor Person Type Code	S	Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.	D
3.	Inquiry Sponsor Person Identifier	S		D
4.	Inquiry Sponsor Person Identifier Type Code	S	Acceptable values are SSN, TIN, FIN, and HICN.	D
5.	Sponsor Person Last Name (refer to Person Last Name in the DEERS New Medical Data Dictionary)	O	Optional, but recommended to insure correct person identification.	M, D
6.	Sponsor Person First Name (refer to Person First Name in the DEERS New Medical Data Dictionary)	O	Optional, but recommended to insure correct person identification.	M, D
7.	Sponsor Person Birth Calendar Date (refer to Person Birth Calendar Date in the DEERS New Medical Data Dictionary)	O	Optional, but recommended to insure correct person identification.	M, D
8.	Inquiry Family Member Person Type Code (refer to Inquiry Person Type Code in the DEERS New Medical Data Dictionary)	S	Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.	D
9.	Inquiry Family Member Person Identifier (refer to Inquiry Person Identifier in the DEERS New Medical Data Dictionary)	S		D
10.	Inquiry Family Member Person Identifier Type Code (refer to Inquiry Person Identifier Type Code in the DEERS New Medical Data Dictionary)	S	Acceptable values are SSN, TIN, FIN, and HICN.	D
11.	Family Member Person Last Name (refer to Person Last Name in the DEERS New Medical Data Dictionary)	O	Optional, but recommended to insure correct person identification.	M, D
12.	Family Member Person First Name (refer to Person First Name in the DEERS New Medical Data Dictionary)	O	Optional, but recommended to insure correct person identification.	M, D
13.	Family Member Person Birth Calendar Date (refer to Person Birth Calendar Date in the DEERS New Medical Data Dictionary)	O	Optional, but recommended to insure correct person identification.	M, D
14.	Health Care Delivery Program Type Code	R	M=Health Care.	D
15.	Health Care Coverage Inquiry Period Begin Calendar Date	R	A. Inquiry period may be a date range or single date where begin date equals the end date. B. Not more than 3 years in the past.	D
16.	Health Care Coverage Inquiry Period End Calendar Date	R	Must be >= inquiry begin date.	D
17.	Inquiry Option	R	Indicates whether or not CC&D totals will be returned on response.	M, D
18.	Catastrophic Cap and Deductible Lock Update Code	R	Required if lock is being sent.	M, D
19.	Catastrophic Cap and Deductible Detail Update Identifier	S	Required if lock is being sent.	M, D
20.	Catastrophic Cap and Deductible Detail Type Code	S	Required if lock is being sent.	M, D
	Coverage Inquiry Response			
	Sponsor Information:		If coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned.	
	DEERS Identifier			
	Patient Identifier			
	Person Identifier			

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EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
Person Identifier Type Code			
Person Last Name			
Person First Name			
Person Middle Name			
Person Cadency Name			
Person Birth Calendar Date (Patient)			
Person Sex Code			
Person Death Calendar Date			
Sponsor Personnel Information:		This information will be current at time of inquiry. MCSC shall not use this information for claims processing. This information is intended for the TED only. This information will repeat if dual-eligibility exists.	
Pay Plan Code			
Pay Grade Code			
Rank Code			
Service Branch Classification Code			
Personnel Category Code			
AGR Service Legal Authority Code			
Family Member Information:		This information will repeat for each person included in the response. For example, in a family inquiry, this information would repeat for the sponsor and all associated family members. In a person inquiry (e.g., spouse), only the spouse's information would be included in he response. If a person has more than one address, this information will repeat	
DEERS Identifier			
Patient Identifier			
Person Identifier Type Code			
Person Last Name			
Person First Name			
Person Middle Name			
Person Cadency Name			
Person Birth Calendar Date (Patient)			
Person Sex Code			
Mailing Address Type Code			
Mailing Address Effective Calendar Date			
Mailing Address Line 1 Text			
Mailing Address Line 2 Text			
Mailing Address City Name			
Mailing Address US Postal Region State Code			
Mailing Address US Postal Region ZIP Code			
Mailing Address US Postal Region ZIP Extension Code			
Mailing Address Country Code			
Home Telephone Number Code			

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
Work Telephone Number Code			
Fax Telephone Number Code			
Person Association Reason Code			
Health Care Coverage Information:		This information will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code, Health Care Coverage Begin and End Calendar Dates, and Health Care Coverage End Reason Code with an indication that there is no coverage.	
HCDP Type Code			
HCDP Plan Coverage Code			
Health Care Coverage Enrollment Status Code			
Health Care Coverage Begin Calendar Date			
Health Care Coverage End Calendar Date			
Health Care Coverage End Reason Code			
Health Care Coverage Copayment Factor Code			
Health Care Coverage Service Branch Classification Code			
Health Care Coverage Member Category Code			
Health Care Coverage Member Relationship Code			
Special Entitlement Information:		This information may repeat.	
Health Care Delivery Program Special Entitlement Code			
Health Care Delivery Program Special Entitlement Begin Calendar Date			
Health Care Delivery Program Special Entitlement End Calendar Date			
Health Care Delivery Program Special Entitlement Type Code			
PCM Information:			
HCDP Plan Coverage Code			
PCM Region Code			
PCM Enrolling Division DMIS Identifier			
PCM Network Provider Type Code			
PCM Identifier			
PCM Identifier Type Code			
PCM Name			
PCM Telephone Number Code			
PCM Mailing Address US Postal Region Zip Code		Only for civilian PCMs.	
PCM Mailing Address US Postal Region Zip Extension Code		Only for civilian PCMs.	
PCM Mailing Address Country Code		Only for civilian PCMs.	
PCM Selection Begin Calendar Date			
PCM Selection End Calendar Date			
PCM Selection End Reason Code			

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EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
Family Fiscal Year Catastrophic Cap and Deductible Accumulation Information:		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period.	
Family Fiscal Year Deductible Cumulative Amount			
Family Fiscal Year Catastrophic Cap Cumulative Amount			
HCDP Policy Fiscal Year Date			
Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured.	
HCDP Policy Fiscal Year Date			
Individual Fiscal Year Deductible Cumulative Amount			
Individual Fiscal Year Catastrophic Cap Cumulative Amount			
OHI Information: (available when OHI consolidated in DEERS)		Shows all OHI in effect for inquiry period, if any.	
Health Insurance Carrier Identifier			
Health Insurance Carrier Identifier Type Code			
OHI Policy Identifier			
OHI Effective Calendar Date			
OHI Expiration Calendar Date			
OHI Status Code			
OHI Transaction Calendar Date			
OHI Transaction System Name			
OHI Medical Coverage Indicator Code			
OHI Dental Coverage Indicator Code			
OHI Inpatient Hospital Coverage Indicator Code			
OHI Outpatient Hospital Coverage Indicator Code			
OHI Long Term Care Coverage Indicator Code			
OHI Pharmacy Coverage Indicator Code			
OHI Mental Health Coverage Indicator Code			
OHI Vision Coverage Indicator Code			
OHI Partial Hospitalization Coverage Indicator Code			
OHI Skilled Nursing Care Coverage Indicator Code			
OGP Information:		Shows all OGP in effect for inquiry period, if any.	
OGP Type Code			
OGP Begin Reason Code			
OGP Effective Calendar Date			
OGP Expiration Calendar Date			

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BUSINESS RULES: R.   CATASTROPHIC CAP AND DEDUCTIBLE TOTALS INQUIRY

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			Health Care Coverage Inquiry for Catastrophic Cap and Deductible Activity is required for CC&D totals to be locked and updates made.	D
			CC&D totals will be displayed for inquiry period requested, showing family and individual fiscal year totals.	D
			DEERS will derive the Catastrophic Cap/Deductible Detail Source System Name, Catastrophic Cap/Deductible Lock Calendar Date, and Catastrophic Cap/Deductible Lock Time from the message header information.	D
	Inquiry Options			
	Insured Information:			
1.	DEERS Identifier	R		D
	Inquiry Period Information:			
2.	Catastrophic Cap/Deductible Inquiry Period Begin Calendar Date	R	Must be >= inquiry begin date.	M, D
			No more than 3 years will be shown online.	D
	Lock Information:		MCSC must lock the record if the intent is to update CC&D amounts. DEERS will then lock the subscriber and all associated insured family member's cat cap and deductible totals and prevent updates from other entities during the lock period. The detail identifier used for locking must match the detail identifier used for updating.	
			The claims lock period is 48 hours or until the lock is released, which ever comes first. If the MCSC needs more than 48 hours for updates, they may extend the lock by performing another CC&D Totals Inquiry to lock and locked record. When this happens, a new lock date and time will be set. Only the same locking organization who placed the lock may extend the lock, and only if the claim lock identifier matches the identifier used to lock the record initially.	
3.	Catastrophic Cap/Deductible Lock Update Code	R		M, D
4.	Catastrophic Cap/Deductible Detail Update Identifier	R		M, D
5.	Catastrophic Cap and Deductible Detail Type Code	R	Specifies type of update: claim, enrollment fee, or adjustment.	M, D
	Response with CC&D totals			
	Insured Information:			
	DEERS ID			
	Patient ID			
	Family Fiscal Year Catastrophic Cap and Deductible Accumulation Information:		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period.	
	Family Fiscal Year Deductible Cumulative Amount			
	Family Fiscal Year Catastrophic Cap Cumulative Amount			
	HCDP Policy Fiscal Year Date			
	Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information:		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured.	
	Individual Fiscal Year Deductible Cumulative Amount			
	Individual Fiscal Year Catastrophic Cap Cumulative Amount			
	HCDP Policy Fiscal Year Date			

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BUSINESS RULES: R.   CATASTROPHIC CAP AND DEDUCTIBLE TOTALS INQUIRY (CONTINUED)

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
Lock Information:		Note: These fields will be blank if not locked.	
Catastrophic Cap/Deductible Lock Source System Name			
Catastrophic Cap/Deductible Lock Calendar Date			
Catastrophic Cap/Deductible Lock Time			

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

BUSINESS RULES: S.   CATASTROPHIC CAP AND DEDUCTIBLE AMOUNTS UPDATE

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			MCSC must lock CC&D totals before updating CC&D amounts.	M, D
			If any update sent to DEERS causes the accumulated catastrophic cap or deductible totals to be less than $0, DEERS will accept the update, but will return a warning.	D
			Catastrophic Cap/Deductible Detail Update Source System Identifier is derived from the message Header and must be the same as the Catastrophic Cap/Deductible Detail Lock Source System Identifier or an error will occur. If the organization who locked the record needs more than 48 hours to adjudicate the claim, they may extend the lock by performing another Claims Total Inquiry, as long as the claim lock identifier matches the identifier used to lock the record initially.	D
			DEERS will send an acknowledgment for all updates.	D
	Update CC&D Amounts			
	Insured Information:			
1.	DEERS ID	R		D
	Lock Removal Information:		The MCSC may elect to lock or not unlock the totals. If the MCSC wishes only to remove the lock, they must do so with this update. They would indicate to remove the lock and send a zero update dollar amount.	
2.	Catastrophic Cap/Deductible Lock Update Code	R	Indicate whether to remove or not remove a lock.	M, D
	Catastrophic Cap/Deductible Detail Identification Information:			
3.	Catastrophic Cap/Deductible Detail Update Identifier	R	Must be the same identifier used to lock CC&D totals.	M, D
4.	Catastrophic Cap/Deductible Detail Split Claim Identifier	O	The extension identifier is used for split fiscal year claims.	M, D
5.	Catastrophic Cap/Deductible Detail Type Code	R	Specifies type of update: claim, enrollment fee, or adjustment. If this is an adjustment, the System Identifier must be the System Identifier used to post the original amount.	M, D
	Claim Period Information:		Claim updates include adding new amounts, adjusting a claim (sending an update with the net change), and cancels (sending an update with the exact negative amount of claim). At least one payment amount must be sent with the update, even if a zero amount.	
6.	Claim Service Period Begin Calendar Date	R	This date will be used for fiscal year updates. DEERS does not validate if the service period spans fiscal years. DEERS just stores this with the update. Single date or date range required.	M
7.	Claim Service Period End Calendar Date	R	Single date or date range required. This date will be used for fiscal year or enrollment year updates. DEERS does not validate if the service period spans fiscal years. DEERS just stores this with the update.	M
	Fiscal Year Catastrophic Cap and Deductible Update Information:			
8.	Fiscal Year Deductible Payment Amount	R		M
9.	Fiscal Year Catastrophic Cap Payment Amount	R		M
10.	HCDP Policy Fiscal Year Date	R		M, D

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BUSINESS RULES: T. CATASTROPHIC CAP AND DEDUCTIBLE TRANSACTION HISTORY REQUEST

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
	Inquiry Options			
	Inquiry Information:			
1.	HCDP Type Code	R	M=Health Care	D
2.	Person/Family Transaction Type Code	R	"P" for person/"F" for family. If value is blank, DEERS will default to "P".	D
3.	Inquiry Person Type Code	S	Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.	D
4.	Inquiry Person Identifier	R		D
5.	Inquiry Person Identifier Type Code	R	Acceptable values are SSN, TIN, FIN, and DEERS ID.	D
6.	Person Last Name	O	Optional, but recommended to insure correct person identification if not using DEERS ID.	M, D
7.	Person Birth Calendar Date (Patient)	O	Optional, but recommended to insure correct person identification if not using DEERS ID.	M, D
	Inquiry Period:		May inquire either using a Fiscal Year or a date range.	
8.	HCDP Policy Fiscal Year Date	S	A. May inquire using a specific fiscal year. B. This date cannot be more than 3 years in the past for online transactions.	M, D
	OR		OR	
9.	Catastrophic Cap/Deductible Inquiry Period Begin Calendar Date	S	A single date or a date span is allowed. Not more than 3 years history will be shown online.	M, D
10.	Catastrophic Cap/Deductible Inquiry Period End Calendar Date	S	A. A single date or a date span is allowed. Not more than 3 years history will be shown online. B. Must be >= inquiry begin date.	M, D
	Detail Information (Optional):			
11.	Catastrophic Cap/Deductible Detail Update Identifier	O	The inquirer may or may not opt to query using a specific detail identifier. If a Detail ID is entered, DEERS will only return posted CC&D updates that match the specified detail identifier and any related detail extension identifiers (for split claims).	M
	Response			
	Person Information:			
	DEERS Identifier			
	Person Identifier			
	Person Identifier Type Code			
	Person Last Name			
	Person First Name			
	Person Middle Name			
	Person Cadency Name			
	Person Birth Calendar Date (Patient)			
	Current Lock Information:		Lock information will be returned only if totals are currently locked.	
	Catastrophic Cap/Deductible Lock Source System Name			
	Catastrophic Cap/Deductible Lock Calendar Date			
	Catastrophic Cap/Deductible Lock Time			
	Claim Period Information:			
	Claim Service Period Begin Calendar Date			
	Claim Service Period End Calendar Date			

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EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
Fiscal Year Catastrophic Cap and Deductible Detail Information:		DEERS will return posted cat cap and deductible amounts. These could either a positive or negative number.	
Fiscal Year Deductible Payment Amount			
Fiscal Year Catastrophic Cap Payment Amount			
HCDP Policy Fiscal Year Date		Fiscal Year to which cat cap and deductible amounts are applied.	
Catastrophic Cap/Deductible Identification Information:			
Catastrophic Cap/Deductible Detail Update Identifier			
Catastrophic Cap/Deductible Detail Split Claim Identifier			
Catastrophic Cap/Deductible Detail Type Code			
Update System Identification Information:			
Catastrophic Cap/Deductible Source System Name		DEERS-derived from the message header at time of update.	
Transaction Information:			
Catastrophic Cap/Deductible Detail Transaction Calendar Date		DEERS-derived from the message header at time of update.	
Catastrophic Cap/Deductible Detail Transaction Time		DEERS-derived from the message header at time of update.	

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BUSINESS RULES: U. OHI POLICY INQUIRY

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			Other Health Insurance (OHI) identifies non-DoD health insurance.	
	Inquiry Options			
	Inquiry Information:			
1.	Inquiry Patient Identifier	R		D
	OHI Inquiry Period:			
2.	OHI Inquiry Period Begin Calendar Date	S	Required to inquire on OHI policies within a date range if not inquiring using the Carrier Identifier.	M, D
3.	OHI Inquiry Period End Calendar Date	S	Required to inquire on OHI polices within a date range if not using the Carrier Identifier.	M, D
			The End Calendar Date must be greater than the Begin Calendar Date.	D
	OR			
	OHI Policy Information:			
4.	Health Insurance Carrier Identifier	S	Required to inquire on a specific OHI policy if not using an inquiry period.	D
			Must be a valid entry on the SIT.	
5.	Health Insurance Carrier Identifier Type Code	S	Required to inquire on a specific OHI policy if not using an inquiry period.	D
			Must be a valid entry on the SIT.	D
6.	OHI Policy Identifier	S	Required to inquire on a specific OHI policy if not using an inquiry period.	D
7.	OHI Coverage Indicator Type Code	O	Used to inquire on a specific OHI coverage.	D
	OHI Inquiry Response			
	Person/Patient Information:			
	Patient Identifier			
	OHI Information:			
	Health Insurance Carrier Identifier			
	Health Insurance Carrier Identifier Type Code			
	OHI Policy Identifier			
	OHI Card Holder Identification Number		Returned if this data is available on this patient	
	OHI Status Code			
	OHI Transaction System Name			
	OHI Transaction Calendar Date			
	OHI Effective Calendar Date			
	OHI Effective Calendar Date Source Code		Identifies the Source of the Effective Date: Insurance Provider or Individual	
	OHI Expiration Calendar Date			
	OHI End Reason Source Code		Identifies if the End Date is a reported end, a default date, or an expired date.	
	OHI Medical Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Dental Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Inpatient Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Outpatient Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Long Term Care Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Pharmacy Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Mental Health Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Vision Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Partial Hospitalization Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
	OHI Skilled Nursing Care Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	

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BUSINESS RULES: U.   OHI POLICY INQUIRY (CONTINUED)

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
OHI Policy Precedence Indicator		Returned for each coverage to indicate if this coverage is Primary, Secondary or Tertiary for that type of coverage indicator.	
OHI Policyholder Person Association Reason Code			
OHI Policyholder Surname Text			
OHI Policyholder Forename Text			
OHI Policyholder Middle Name Text			
OHI Policyholder Identifier			
OHI Group Policy Name			
OHI Group Plan Identifier			
OHI Group Employer Name			
OHI Group Employer Mailing Address Line 1 Text			
OHI Group Employer Mailing Address Line 2 Text			
OHI Group Employer Mailing Address City Name			
OHI Group Employer Mailing Address US Postal Region State Code			
OHI Group Employer Mailing Address US Postal Region ZIP Code			
OHI Group Employer Mailing Address US Postal Region ZIP Extension Code			
OHI Group Employer Mailing Address Country Code			
OHI Group Employer Telephone Number Code			

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	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			Other Health Insurance (OHI) identifies non-DoD health insurance. OHI transactions allow adding, updating, cancelling, or viewing all OHI information. OHI adds can accompany enrollments or be performed alone.	D
			OHI information can be added or updated on DEERS through multiple mechanisms. At the time of enrollment the MCSC will determine the existence of OHI. The MCSC can add or update OHI through the DOES application used by the MCSC to enter enrollments into DEERS. Other MHS systems can add or update the OHI through the Web application provided by DEERS. The presence of an OHI Policy discovered during routine claims processing shall be updated on DEERS within two business days of receipt of the required information. All messages sent to DEERS will receive an acknowledgment accepting or rejecting the add or update.	D
	Insured Information:			
1.	Patient Identifier	R		M, D
	OHI Add Information:			
2.	OHI Update Code	R	Add.	M, D
3.	Health Insurance Carrier Identifier	R	Required to add a new OHI policy. Must be a valid entry on the SIT.	D
4.	Health Insurance Carrier Identifier Type Code	R		D
5.	OHI Policy Identifier	R		M, D
6.	OHI Card Holder Identification Number	S	Required if this data is available for this patient.	C, M
7.	OHI Effective Calendar Date	S	Required to add a complete OHI policy.	C, M
8.	OHI Expiration Calendar Date	S	Required to add a complete OHI policy.	C, M
9.	OHI Medical Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
10.	OHI Dental Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
11.	OHI Inpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
12.	OHI Outpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
13.	OHI Long Term Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D

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	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
14.	OHI Pharmacy Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
15.	OHI Mental Health Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
16.	OHI Vision Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
17.	OHI Partial Hospitalization Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
18.	OHI Skilled Nursing Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
19.	OHI Policy Precedence Indicator	R	Required for each coverage to indicator if this coverage is Primary, Secondary or Tertiary for that typ of coverage indicator.	C, M
20.	OHI Policyholder Person Association Reason Code	S		M
21.	OHI Policyholder Surname Text	S		M
22.	OHI Policyholder Forename Text	S		M
23.	OHI Policyholder Middle Name Text	S		M
24.	OHI Policyholder Identifier	O	Recommended if known.	M
25.	OHI Group Policy Name	O		M
26.	OHI Group Plan Identifier	O		M
27.	OHI Group Employer Name	O		M
28.	OHI Group Employer Mailing Address Line 1 Text	O		M
29.	OHI Group Employer Mailing Address Line 2 Text	O		M
30.	OHI Group Employer Mailing Address City Name	O		M
31.	OHI Group Employer Mailing Address US Postal Region State Code	O		M
32.	OHI Group Employer Mailing Address US Postal Region ZIP Code	O		M
33.	OHI Group Employer Mailing Address US Postal Region ZIP Extension Code	O		M
34.	OHI Group Employer Mailing Address Country Code	O		M
35.	OHI Group Employer Telephone Number Code	O		M

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EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
		Other Health Insurance (OHI) means non-DoD health insurance. OHI transactions allow adding, updating, cancelling, or viewing all OHI information. OHI updates can accompany enrollments or be performed alone.	D
Insured Information:			
1. Patient Identifier	R		D
OHI Update Information:			
2. OHI Update Code	R	Update.	M, D
3. Health Insurance Carrier Identifier	R	Sent to identify an OHI policy and cannot be updated.	D
4. Health Insurance Carrier Identifier Type Code	R	Sent to identify an OHI policy and cannot be updated.	D
5. OHI Policy Identifier	R	Sent to identify an existing OHI policy and cannot be updated.	D
6. OHI Card Holder Identification Number	S	Required if this data is available for this patient.	C, M
7. OHI Effective Calendar Date	R	Sent to identify an existing OHI policy and cannot be updated.	D
8. OHI Expiration Calendar Date	R	May be updated.	M, D
9. OHI Medical Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
10. OHI Dental Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
11. OHI Inpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
12. OHI Outpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
13. OHI Long Term Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
14. OHI Pharmacy Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D

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	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
15.	OHI Mental Health Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
16.	OHI Vision Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
17.	OHI Partial Hospitalization Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
18.	OHI Skilled Nursing Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	M, D
19.	OHI Policy Precedence Indicator	R	Required for each coverage to indicator if this coverage is Primary, Secondary or Tertiary for that typ of coverage indicator.	C, M
20.	OHI Group Policy Name	O		M
21.	OHI Group Plan Identifier	O		M
22.	OHI Group Employer Name	O		M
23.	OHI Group Employer Mailing Address Line 1 Text	O		M
24.	OHI Group Employer Mailing Address Line 2 Text	O		M
25.	OHI Group Employer Mailing Address City Name	O		M
26.	OHI Group Employer Mailing Address US Postal Region State Code	O		M
27.	OHI Group Employer Mailing Address US Postal Region ZIP Code	O		M
28.	OHI Group Employer Mailing Address US Postal Region ZIP Extension Code	O		M
29.	OHI Group Employer Mailing Address Country Code	O		M
30.	OHI Group Employer Telephone Number Code	O		M

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BUSINESS RULES: X.   OHI POLICY CANCELLATION

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			Other Health Insurance (OHI) identifies non-DoD health insurance.	D
			An OHI policy can be cancelled if the OHI should not have been added to the person. Must use OHI Update to correct data on an existing OHI policy.	D
	Insured Information:			
1.	Patient ID	R		D
	OHI Cancellation Information:			
2.	OHI Update Code	R	Cancel	M, D
3.	Health Insurance Carrier Identifier	R	Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT).	M, D
4.	Health Insurance Carrier Identifier Type Code	R		M, D
5.	OHI Policy Identifier	R	Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT).	M, D
6.	OHI Effective Calendar Date	R	Required to identify the OHI policy being cancelled.	M, D
7.	OHI Expiration Calendar Date	R	Required to identify the OHI policy being cancelled.	M, D

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	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			The Standard Insurance Table (SIT) is maintained in DEERS by the DoD SIT validation agency.	D
			A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a person, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	D
	Inquiry Information			
1.	Health Insurance Carrier Identifier	S	Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.	M, D
2.	Health Insurance Carrier Identifier Type Code	S	Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.	M, D
	OR			M, D
3.	Health Insurance Carrier Name	S	Required for an inquiry to view a specific Insurance Company when the Carrier ID is not known and the Company Name is known.	M, D
4.	Health Insurance Carrier Mailing Address US Postal Region State Code	S	Required for an inquiry when only the Company Name is known.	M, D
5.	Health Insurance Carrier Mailing Address County Code	S	Required for an inquiry when only the Company Name is known.	M, D
	SIT Inquiry Response			
	SIT Information:			
	Health Insurance Carrier Identifier			
	Health Insurance Carrier Identifier Type Code			
	Health Insurance Carrier Verification Status Code			
	Health Insurance Carrier Deactivation Calendar Date			
	Health Insurance Carrier Coverage Indicator Type Code		Identifies HIC information for a specific type of coverage.	
	Health Insurance Carrier Name			
	Health Insurance Carrier Mailing Address Line 1 Text			
	Health Insurance Carrier Mailing Address Line 2 Text			
	Health Insurance Carrier Mailing Address City Name			
	Health Insurance Carrier Mailing Address US Postal Region State Code			
	Health Insurance Carrier Mailing Address US Postal Region ZIP Code			
	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code			
	Health Insurance Carrier Mailing Address Country Code			
	Health Insurance Carrier Telephone Number 1 Code			
	Health Insurance Carrier Telephone Number 2 Code			
	Health Insurance Carrier Fax Telephone Number Code			
	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code			
	Health Insurance Carrier Electronic Data Interchange Batch Remark Text			
	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code			
	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text			
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code			
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text			

* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing   **Enforced By: M=MCSC/DP; D=DEERS

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	D
			Submission of all carrier information in the add transaction will assist the raped validation of the SIT by the DoD SIT validation agency.	D
	SIT Add			
1.	SIT Update Code	R	Add	M, D
2.	Health Insurance Carrier Coverage Indicator Type Code	O	Identifies HIC information for a specific type of coverage.	M
3.	Health Insurance Carrier Name	R		M, D
4.	Health Insurance Carrier Mailing Address Line 1 Text	R	Required to add a new Carrier to the SIT.	M, D
5.	Health Insurance Carrier Mailing Address Line 2 Text	O	Required to add a new Carrier to the SIT.	M, D
6.	Health Insurance Carrier Mailing Address City Name	R	Required to add a new Carrier to the SIT.	M, D
7.	Health Insurance Carrier Mailing Address US Postal Region State Code	S	Required to add a new Carrier to the SIT, if the Carrier is in the US.	M, D
8.	Health Insurance Carrier Mailing Address US Postal Region ZIP Code	S	Required to add a new Carrier to the SIT, if the Carrier is in the US.	M, D
9.	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code	O	Required to add a new Carrier to the SIT, if the Carrier is in the US.	M, D
10.	Health Insurance Carrier Mailing Address Country Code	R	Required to add a new Carrier to the SIT.	M, D
11.	Health Insurance Carrier Telephone Number 1 Code	R	Required to add a new Carrier to the SIT.	M, D
12.	Health Insurance Carrier Telephone Number 2 Code	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
13.	Health Insurance Carrier Fax Telephone Number Code	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
14.	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
15.	Health Insurance Carrier Electronic Data Interchange Batch Remark Text	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
16.	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
17.	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
18.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
19.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text	O	Sent if it is part of the data being added for a Carrier in the SIT.	M
	SIT Add Acknowledgement			
	Health Insurance Carrier Identifier			
	Health Insurance Carrier Identifier Type Code			
	Health Insurance Carrier Name			

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BUSINESS RULES: AA. SIT UPDATE

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation Agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken; an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	D
			Submission of all carrier information in the update transaction will assist the rapid validation of the SIT by the DoD SIT validation agency.	D
	SIT Update			
	Sit Identifying Information:			
1.	Health Insurance Carrier Identifier	R	A. Required if carrier has been validated by the TMA SIT agency. B. Carrier ID is obtained from an inquiry to the local SIT - if the Carrier is not resident on the SIT DEERS will provide the DEERS Temporary Carrier ID.	M, D
2.	Health Insurance Carrier Identifier Type Code	R		M, D
	SIT Information:			
1.	SIT Update Code	R	Update	D
2.	Health Insurance Carrier Coverage Indicator Type Code	O	Identifies HIC information for a specific type of coverage.	M
3.	Health Insurance Carrier Name	R		M, D
4.	Health Insurance Carrier Mailing Address Line 1 Text	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
5.	Health Insurance Carrier Mailing Address Line 2 Text	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
6.	Health Insurance Carrier Mailing Address City Name	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
7.	Health Insurance Carrier Mailing Address US Postal Region State Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
8.	Health Insurance Carrier Mailing Address US Postal Region ZIP Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
9.	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
10.	Health Insurance Carrier Mailing Address Country Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
11.	Health Insurance Carrier Telephone Number 1 Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
12.	Health Insurance Carrier Telephone Number 2 Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
13.	Health Insurance Carrier Fax Telephone Number Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
14.	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.	M
15.	Health Insurance Carrier Electronic Data Interchange Batch Remark Text	O	Sent if it is part of the data being updated for a Carrier in the SIT.	M
16.	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.	M
17.	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text	O	Sent if it is part of the data being updated for a Carrier in the SIT.	M
18.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.	M
19.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text	O	Sent if it is part of the data being updated for a Carrier in the SIT.	M

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BUSINESS RULES: AB. SIT CANCELLATION

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			A SIT Cancellation can only be performed prior to the verification of the Health Insurance Carrier by the TMA SIT Validation Agency. Only the system that submitted the SIT add or update may cancel that transaction.	D
	SIT Cancellation			
	SIT Information:			
1.	SIT Update Code	R	Cancel	M, D
2.	Health Insurance Carrier Identifier	R	Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)	M, D
3.	Health Insurance Carrier Identifier Type Code	R	Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)	M, D
4.	Health Insurance Carrier Name	R	Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)	M, D

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BUSINESS RULES: AC. CMS FILE

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
CMS FEED			
Monthly feed from DEERS to the MCSC to pass Medicare data.			
Insured Information:			
Patient ID		The MCSC should match internally in their system on this field for person identification information.	
HICN (refer to Health Insurance Claim Number Identifier in the DEERS New Medical Data Dictionary)			
Medicare A Begin Reason Code			
Medicare A Effective Calendar Date			
Medicare A Expiration Calendar Date			
Medicare B Begin Reason Code			
Medicare B Effective Calendar Date			
Medicare B Expiration Calendar Date			
Medicare End Reason Code			

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